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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application of: Srivastava et al.

Confirmation No.: 8478

Serial No.: 09/625,137

Art Unit: 1642

Filed: July 25, 2000

Examiner: Christopher H. Yaen

For: ALPHA (2) MACROGLOBULIN
RECEPTOR AS A HEAT SHOCK
PROTEIN RECEPTOR AND USES
THEREOF

Attorney Docket No: 8449-123-999

REVOCATION AND POWER OF ATTORNEY

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

University of Connecticut Health Center (assignee) hereby revokes any and all previous powers and appoints:

☒ Practitioners at Customer Number 20583

as its attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please direct all correspondence address for the above-identified application to:

☒ The above mentioned Customer Number.

☒ Firm or Individual Name:

Address: Jones Day,
222 East 41st Street,
New York, New York 10017-6702

Telephone: (212) 326-3939

University of Connecticut Health Center (assignee) is the:

☐

Applicant/Inventor

☒

Assignee of record of the entire interest. See 37 CFR 3.71.
(Statement under 37 CFR 3.73(b) is applicable)

Statement Under 37 C.F.R. 3.73(b)

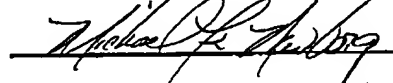
University of Connecticut Health Center (assignee) states that it is:

the assignee of the entire right, title, and interest in the patent application/patent identified above by virtue of:

Assignments from the inventor(s) of the patent application/patent identified above. The assignments were recorded in the United States Patent and Trademark Office on July 25, 2000 at Reel 011114, Frame 0516 and on August 13, 2002 at Reel 013208, Frame 0534.

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

ASSIGNEE: University of Connecticut Health Center

Date: July 9, 2004 Signature: 
Typed Name: Michael F. Newborg, Ph.D.
Position/Title: Executive Director

Note: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required.

☒ Total of 1 form is submitted.